

RECORD OF INJURY <small>SEE PROPERTY STATEMENT REVERSE SIDE</small>						<small>DA FORM 1002</small>		
SECTION I - To be completed by Supervisor and delivered by patient, if possible, to dispensary or first aid station								
1. LAST NAME - FIRST NAME - MIDDLE INITIAL (Person Injured)			2. GRADE		3. SERVICE/SOCIAL SECURITY ACCT NO.		4. AGE	
5. OCCUPATION OR DUTY WHEN INJURED			6. INJURY		7. RETURN TO DUTY		8. EXACT LOCATION WHERE INJURY OCCURRED	
			<div style="display: flex; justify-content: space-between;"> HOUR DATE </div>		<div style="display: flex; justify-content: space-between;"> HOUR DATE </div>			
9. HOW INJURY OCCURRED (exactly what injured was doing and what caused the injury)								
10. UNIT OR ORGANIZATION			11. NAME OF SUPERVISOR, MILITARY OR CIVILIAN (print or type)				12. TELEPHONE	
SECTION II - To be completed by Medical Officer or attendant for information of the Supervisor and others, as appropriate								
1. NATURE AND EXTENT OF INJURY OR OCCUPATIONAL ILLNESS								
2. DISPOSITION (Check one) <input type="checkbox"/> RETURN TO REGULAR DUTY <input type="checkbox"/> RETURN TO WORK OF LIGHT NATURE <input type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> SEND HOME OR TO QUARTERS								
3. ESTIMATED ABSENCE IN DAYS BEYOND DAY ON WHICH INJURY OCCURRED			4. NAME OF MEDICAL OFFICER OR ATTENDANT (Print or type)				5. TELEPHONE	
NOTE: Sections III and IV should not be completed before Section II.								
SECTION III - SUPERVISOR'S ACCIDENT ANALYSIS (This list of general causes is provided to help the supervisor identify specific accident causes which can be corrected.)								
ENVIRONMENTAL 1. UNSAFE METHODS, PROCESSES, PROCEDURES. 2. INADEQUATE SAFEGUARDS, SAFETY EQUIPMENT. 3. IMPROPER OR DEFECTIVE EQUIPMENT. 4. HAZARDOUS LOCATION 5. POOR HOUSEKEEPING				PERSONAL FACTORS 6. PHYSICAL CONDITION - VISION, AGE, WEIGHT, FATIGUE. 7. EMOTIONAL - ANGER, FEAR, RESENTMENT, WORRY. 8. LACK OF SKILL OR KNOWLEDGE. 9. ATTITUDE - INDIFFERENT, BELLIGERENT. 10. UNSAFE WEARING APPAREL OR MANNER OF DRESS.				
USING THE ABOVE GUIDANCE, STATE SPECIFIC CAUSES								
SECTION IV - SUPERVISOR'S RECORD OF CORRECTIVE ACTION TAKEN (Types of corrective action that may be appropriate are: Supervision, Education, Training, Administrative Action, Engineering, Design, Repair, Maintenance.)								
USING THE ABOVE GUIDANCE, STATE SPECIFIC ACTIONS TAKEN TO PREVENT RECURRENCE								
SECTION V - SAFETY OFFICE DISPOSITION OF REPORT								
<input type="checkbox"/> Recordable (DA FM 285 required) <input type="checkbox"/> NON-recordable (minor/first aid type injury) <input type="checkbox"/> Other Reporting Required (DA FM 285-1 etc)								
							Signature _____	

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